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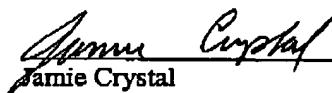
Attorney Docket No.:SNS-008C1

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Hluchyj
SERIAL NO.: 10/004,563 GROUP NO.: 2663
FILED: December 5, 2001 EXAMINER: Not yet assigned
TITLE: Apparatus and Method for a Telephony Gateway

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, are being faxed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 at Facsimile No. (703) 872-9306 on this 3 day of February, 2005.


Jamie Crystal

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Submitted herewith are:

- Revocation of Attorney with new Power of Attorney and Change of Correspondence Address (1 page)
- Certificate of Facsimile Transmission under 37 C.F.R. 1.8 (1 page)
- Transmittal Form (1 page)

TRANSMITTAL FORM

Application Serial Number

10/004,563

Filing Date

December 5, 2001

First Named Inventor

Hluchyj

Group Art Unit

2663

Examiner Name

Not yet assigned

Attorney Docket No.

SNS-008C1

Patent No.

Not yet assigned

Issue Date

Not yet assigned

ENCLOSURES (check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form | <input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <ul style="list-style-type: none"> <input type="checkbox"/> Formal Drawing(s) | <input type="checkbox"/> Request for Certificate of Correction <ul style="list-style-type: none"> <input type="checkbox"/> Certificate of Correction (in duplicate) |
| <input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] | <input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Power of Attorney (Revocation of Prior Powers) | <input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <ul style="list-style-type: none"> <input type="checkbox"/> Appeal Brief (in triplicate) |
| <input type="checkbox"/> Petition for Extension of Time | <input type="checkbox"/> Terminal Disclaimer <ul style="list-style-type: none"> <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application | <input type="checkbox"/> Status Inquiry <ul style="list-style-type: none"> <input type="checkbox"/> Return Receipt Postcard |
| <input type="checkbox"/> Information Disclosure Statement <ul style="list-style-type: none"> <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations | <input type="checkbox"/> Small Entity Statement <ul style="list-style-type: none"> <input type="checkbox"/> CD(s) for large table or computer program | <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <ul style="list-style-type: none"> <input type="checkbox"/> Additional Enclosure(s) (please identify below) |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> Amendment After Allowance | |
| <input type="checkbox"/> Sequence Listing submission <ul style="list-style-type: none"> <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above | | |

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Respectfully submitted,


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PTO/SB/82 (09-03)

Approved for use through 11/30/2005. OMB 0851-0035
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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/004,563
Filing Date	December 5, 2001
First Named Inventor	Hluchyj
Art Unit	2663
Examiner Name	Not yet assigned
Attorney Docket Number	SNS-008C1

I hereby revoke all previous powers of attorney given in the above-identified application:

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with at Customer Number:

42532

Please change the correspondence address for the above-identified application to:

The address associated with
Customer Number:

42532

OR

<input type="checkbox"/> Firm or Individual Name	Proskauer Rose LLP				
Address	One International Place				
Address					
City	Boston	State	MA	Zip	02110
Country					
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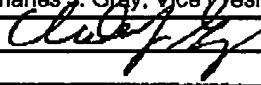
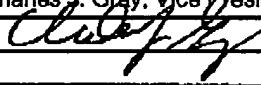
I am the:

Applicant/Inventor.

Assignee of record of the entire interest.

Sonus Networks, Inc. is a corporation and the assignee of the entire right, title, and interest in the patent application identified above by virtue of an assignment recorded in the USPTO at Reel 012604, Frame 0004. The undersigned is authorized to act on behalf of the assignee.

SIGNATURE of Applicant or Assignee of Record

Name and Title	Charles J. Gray, Vice President and General Counsel		
Signature			
Date		Telephone	978-614-8505

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

*Total of 1 form is submitted.

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